3rd Party Authorization

Date:		
Please consider this your letter person(s) information regarding	_	the following
Loan Number:		
Name(s):		_
Company:		_
Address:		_
Relationship:		
Telephone No.:		_
Thank you.		
Borrower	Borrower	_

Fax this authorization to CalHFA, Loan Servicing, 916-326-6420

LOAN SERVICING Revised: 08/19/2009